

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091637, 216

FILING DATE

8/11/00

APPLICANT(S)

Hultgren

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21		1				
22	1					
23		1				
24		1				
25		1				
26		1				
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33	1					
34	1					
35		1				
36		1				
37		1				
38		1				
39	1					
40		1				
41		1				
42	1					
43	1					
44		1				
45		1				
46		1				
47		1				
48		1				
49						
50	1					
TOTAL IND.	10					
TOTAL DEP.	40					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56	1					
57		1				
58		1				
59		1				
60		1				
61	1					
62		1				
63		1				
64		1				
65		1				
66	1					
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80	1					
81	1					
82						
83						
84						
85						
86						
87						
88						
89						
90						
91	1					
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6					
TOTAL DEP.	44					
TOTAL CLAIMS	50					

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APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1					151						
102	1						152						
103		1					153						
104		1					154						
105		1					155						
106		1					156						
107		1					157						
108		1					158						
109		1					159						
110	1						160						
111		1					161						
112		1					162						
113		1					163						
114		1					164						
115		1					165						
116	1						166						
117		1					167						
118		1					168						
119		1					169						
120		1					170						
121		1					171						
122		1					172						
123	1						173						
124		1					174						
125		1					175						
126		1					176						
127		1					177						
128		1					178						
129		1					179						
130		1					180						
131		1					181						
132		1					182						
133		1					183						
134		1					184						
135		1					185						
136							186						
137							187						
138							188						
139							189						
140							190						
141							191						
142							192						
143							193						
144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	31						TOTAL DEP.						
TOTAL CLAIMS	35						TOTAL CLAIMS						